



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER  
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MONICA BHAREL, MD, MPH  
Commissioner

**MASSACHUSETTS CONRAD 30/J-1 VISA WAIVER PROGRAM POLICY**  
***Federal Fiscal Year (October 1 - September 30)***

**Program Overview**

The Massachusetts Department of Public Health (DPH), through the Conrad30J-1 Visa Waiver Program, is committed to supporting employment requests for J-1 visa physicians in sites that have a history of serving the Commonwealth's medically underserved populations. The Conrad 30/J-1 Visa Waiver Program has been implemented in accordance with its authority from Section 214(l) of the Immigration Nationality Act. This law permits the DPH to assist health care facilities, located in federally designated medically underserved areas and that treat patients who reside in federally-designated medically underserved areas, with physician recruitment by supporting J-1 visa waiver requests. The Health Care Workforce Center administers the program for the DPH.

Federal law authorizes the DPH to support no more than thirty (30) J-1 visa waiver requests per federal fiscal year (October 1 - September 30). The Health Care Workforce Center will begin accepting applications in October of each year. From October 1 – December 31, applications for both primary care and specialist positions will be accepted. We anticipate that reviews will be conducted in January and notifications sent by the end of March.

In the event that Massachusetts does not fill all 30 slots according to priority criteria in the January review, the program **may** open for additional applications and a second round of reviews. Should the program have an additional review session, those eligible applicants that were not supported in the January review will have the option of having their application reviewed again.

Applications will be reviewed and scored with special attention and favorability to physicians who provide primary care services, in identified areas of greatest need, and provide service in the public interest of the Commonwealth. The Massachusetts Conrad 30/J-1 Visa Program prioritizes primary medical care, psychiatry, and certain specialties where there are significant shortages. Applicant agencies or employers must accept public insurance and offer discounts to low-income and uninsured patients on a sliding-fee scale that at a minimum follows the federal poverty level guidelines (see (<http://aspe.hhs.gov/poverty/>)).

The decision to support a waiver request is at the discretion of the DPH. Those requests that are supported will be forwarded to the U.S. Department of State (DOS) Bureau of Consular Affairs, which reviews and recommends the J-1 visa waiver applications to the U.S. Citizenship and Immigration Services, who ultimately makes the final determination. Copies of the support letter from the DPH will be e-mailed to the physician, employer, and legal representative as appropriate.

After receiving U.S. DOS approval, the physician must seek an H-1B visa before beginning employment. The DPH plays no role in this subsequent step.

Below and on the following pages are criteria for the Massachusetts Conrad 30/J-1 Visa Waiver Program and the steps and paperwork required to submit an application for review.

## Conditions and Criteria Used

### *Conditions for Application*

The DPH considers requests for support of J-1 visa waivers that meet the following conditions:

- The DPH only considers requests submitted by the employing health care facility or agency.
- The employing health care facility or agency must accept public insurance and offer discounts to low-income and uninsured patients on a sliding-fee scale that at a minimum follows the federal poverty level guidelines (see (<http://aspe.hhs.gov/poverty/>)).
- The employer must submit a letter requesting that the DPH act as an interested government agency. See Step 2 for details about what to include in the letter.
- Prior to employment, the physician must meet all medical licensure requirements for the Commonwealth of Massachusetts.
- The physician must agree to practice medicine full-time in the designated health care facility for a minimum of three (3) years and begin employment within ninety (90) days of receipt of the waiver.
- The physician's full-time practice site must be located in a federal Health Professional Shortage Area (HPSA) or Medically Underserved Area/Population (MUA/P). Instructions for determining whether a site is qualified are included as Appendix A of this document. If the site is not in a HPSA or MUA/P, please also refer to the Flex 10 requirements.
- Primary care services are a priority for the Massachusetts Conrad 30/J-1 Visa Waiver Program. Primary care is interpreted to include allopathic and osteopathic physicians who are trained in, and will practice internal medicine, pediatrics, family practice, obstetrics-gynecology, geriatrics, and psychiatry.

Physicians will receive additional preference if they can speak a language while providing patient care, other than English, that is spoken by a significant proportion of the underserved population in the proposed practice community. The employing agency should provide data on the proportion of the community that speaks that language and why it is needed.

- Community health centers, those hospitals with high federally qualifying disproportionate share percentages, high percentage of other government and free care payers, or other measures of high utilization by underserved populations will receive priority as placement sites for J-1 waivers. Health care provider sites located in HPSAs or with MUA/P designations with a significant percentage of public payers such as MassHealth (Medicaid), Medicare and sliding fee or other charity care are given priority.
- The facility or agency must have a history of recruitment difficulty over a lengthy period of time, or an unusual circumstance or special need for the candidate or position the J-1 physician will be filling. Applicants must provide a short summary of the recruitment difficulty, steps taken to recruit, and how long the position has been vacant (number of months or years; or since a certain date). This summary includes recruitment history, a list of placement agencies or other recruitment resources engaged to recruit for the position (e.g. list of where position postings have been made), how many inquiries or applications have been submitted for the position, salary offered, and whether the position has been offered to any U.S. physicians. Do not include copies of advertisements in your application packet to the DPH.
- The facility or agency must explain efforts made to recruit physicians who are U.S. citizens.
- The facility or agency must identify for recruitment and retention purposes, the dates and nature (physician specialty) of all previous use of a J-1 physician and the placement site in the previous three (3) Conrad 30/J-1 Visa Waiver Program years.
- Applications must include documentation of the practice site's patient payer mix.
- It is important that the J-1 physicians have support within the community. Therefore, applications must include at least three (3) support letters from non-applicant community based local agencies or a referring provider from the community served.

- The DPH may consider supporting more than one (1) application per agency based on the conditions of need identified above. The DPH recognizes that in some cases an agency or employer has sites in separate counties. The DPH will account for that in reviewing J-1 visa waiver applications and overall need.
- Agencies or facilities considering submitting more than one application must coordinate all applications through one identified facility contact that is known to the DPH as such. However, there is a limit to the number of applications an agency may submit per Conrad 30/J-1 Visa Waiver Program year. Massachusetts will accept up to three (3) physician applications per agency or employer per visa waiver year.

If an agency does not meet the program conditions the agency will not be eligible and the application will not be supported by the DPH. The Conditions for Application are also reflected in the Appendix D- Checklist, and in Step 2 of the application instructions.

The Health Care Workforce Center does not offer assistance with placing physicians in suitable employment.

### *Flex 10 Requirements*

The Conrad 30/J-1 Visa Program legislation authorizes up to ten (10) Flex slots to place physicians in practice sites not located in a federal shortage area if documentation is provided to demonstrate that the facility serves patients who reside in one or more federally designated shortage areas. While the Massachusetts Conrad 30/J-1 Visa Program prioritizes certain safety net facility types such as community health centers, hospitals with federally qualifying disproportionate share percentages, critical access hospitals and other small rural hospitals, community based behavioral health care organizations, and uses other measures of high utilization by underserved populations, there are instances of high need in other areas so Flex applications are considered on a case-by-case basis.

In order to be considered for review and support, Flex applications must:

- Document that greater than 30% of the patients served by the site are located in federal shortage areas, and provide detailed data about poverty levels, disparate health outcomes, or note of significant special or underserved populations among the populations served at the site, such as new immigrants, elderly, or those with substance use disorder, AND
- Meet at least one of the following criteria:
  - Primary care practice sites (medical and mental or behavioral health) that care for vulnerable or underserved individuals or groups and are located in a high need area as per the Health Care Workforce Center data.
  - Rural communities that meet the Massachusetts State Office of Rural Health definition of rural.
  - Outpatient primary care practices of small rural hospitals. Small rural hospitals are defined as: “an acute care hospital licensed under M.G.L. c. 111, § 51, which: (1) has 50 or fewer licensed beds and based on the published United States Census 2000 data of the US Census Bureau is in a city or town whose population is less than 20,000 and is located within a city, town, service area, or County whose population density is less than or equal to 500 people per square mile and which applies for such a designation; or (2) is a hospital designated as a Critical Access Hospital as of July 1, 2005 by the Federal DHHS in accordance with federal regulations and state requirements.”
  - Public sector facilities providing healthcare: certain physicians who will practice in public sector, non-federal, facilities such as public-sector hospitals and state correctional facilities.
- The applicant facility or agency must request the flex slot in their request letter to the DPH.

## *Specialty Physician Applications*

The DPH will, at its discretion, support requests for placement of physicians who are currently enrolled in or completed a subspecialty or non-primary care fellowship. In addition to the other conditions listed above, applications to support a specialty physician must include:

- Specific information on how the population served population will benefit by placing that physician at the employer's selected practice site such as: culturally competent care, reduced significant travel or wait times for patients, address impending physician retirements, etc. This information should show the specific benefit that will be gained if the physician is granted a J-1 visa waiver.
- Data documenting the shortage of physicians in this specialty/fellowship in the particular community and statewide, if the J-1 physician will be practicing that specialty.
- Average waiting time for a non-emergency patient visit for that specialty in that area, if the physician will be practicing that specialty. The percentage of MassHealth (Medicaid) and other publicly insured, Medicare, and uninsured patients expected to be seen by the specialty physician.

## *Teaching and Research*

The DPH does not support waivers for physicians who are exclusively doing research, teaching, or performing other non-patient care activities. The goal of the Massachusetts Conrad 30/J-1 Visa Waiver Program is to increase direct-to-patient primary care services and some direct-to-patient care specialty services. For example, researchers and educators whose primary activity is not direct-to-patient care do not meet the Massachusetts Conrad 30/J-1 Visa Waiver Program definitions of providing direct patient care services.

## *Transfer Requests*

In certain extenuating circumstances it may be necessary or appropriate for a change in work site or employer to be initiated during the three-year contract period. The DPH requires that all transfer requests be submitted in writing to the Health Care Workforce Center **prior** to any such change, in order to ensure continued support for the move or change of worksite. In particular the physician must continue to provide care to an underserved population in a federally designated underserved area, or if approved, Flex site. Failure to notify the Health Care Workforce Center and seek continued support from the DPH in advance may result in the DPH not supporting future J-1 visa waiver applications from the employer.

The next section outlines the three-step process of the Conrad 30/J-1 Visa Waiver application in Massachusetts including details for submitting an application.

### **Three-Step J-1 Conrad 30/J-1 Visa Waiver Application Process**

#### **Step 1: Apply for Case File Number.**

Prior to application for a J-1 visa waiver, the U.S. Department of State (DOS) requires that the physician/applicant complete an online data sheet DS-3035 application. Instructions on how to complete the online DS-3035 application are at: <https://j1visawaiverrecommendation.state.gov/>.

Completing the application online will reserve a case file number for your application and generate a bar coded data sheet which is required in order to process your J-1 Visa Waiver recommendation application. This case file number must appear on every page of the application packet submitted to the DPH.

The DPH will only review completed applications that have an established case file number.

## **Step 2: Submit the required documents to the Massachusetts Health Care Workforce Center.**

The following documents should be submitted collectively, and in the order indicated, to the Health Care Workforce Center as one application packet. A checklist of the necessary items, and the order in which the packet should be compiled, is included as an appendix to this document. **The case file number must appear on every page of the application packet.**

**Submit one (1) original and one (1) copy** of the entire waiver request package to:

Nicole Watson, Recruitment & Retention Program Coordinator  
Health Care Workforce Center  
Massachusetts Department of Public Health  
250 Washington Street, 5th Floor  
Boston, MA 02108-4619

### **1. EMPLOYING FACILITY OR AGENCY REQUEST LETTER**

The facility or agency must provide a request letter from the chief administrator that includes the following:

- a) A request that the Massachusetts DPH acts as an interested government agency and supports a waiver for the J-1 physician, to the U.S. DOS. It should indicate that the place of employment where the physician will provide services is located in a currently designated Health Professional Shortage Area (HPSA) or Medically Underserved Area/Population (MUA/MUP) and identify the shortage designation area by number and type. Instructions for determining whether a site is in a qualified area are included in Appendix A.
- b) A description of how the physician's services are required and in the public interest.
  - Describe the facility's mission, services, and target population.
  - Describe the current medical or mental health care needs of the underserved populations in your area.
  - Describe how the J-1 physician's qualifications and proposed responsibilities will improve access to medical or mental health care services in your area for the underserved population.
- c) The employment responsibilities of the J-1 physician.
- d) Statement that the facility or agency is unequivocally offering the physician full-time employment for at least three (3) years (see also #5 Signed Employment Contract).
- e) Statement that the facility or agency participates in MassHealth and complies with the regulations governing MassHealth; accepts Medicare; and accepts patients participating in Commonwealth Care programs, provides care regardless of the patient's ability to pay a fee, and has a sliding-fee scale. The sliding-fee scale should be based on the patient's ability to pay a fee. Providers may establish any number of incremental percentages (discount pay class) as they find appropriate and must at a minimum address those patients who are at or below 200% of the Federal Poverty Level. For more information on the current U.S. Department of Health and Human Service Federal Poverty Level guidelines, go to: <https://aspe.hhs.gov/poverty-guidelines>. Include the sliding fee scale implementation plan, and public notice, as well as the agency's written commitment to the use of the sliding fee scale.
- f) The employing agency patient payer mix data, or if the employing agency is not the work site, provide the worksite patient payer mix data. Specifically, provide a breakdown of private insurance, Medicaid/MassHealth including Managed Care, Commonwealth Care, Medicare, un-insured and private pay, and the percentage of patients who use the sliding-fee scale option.
- g) Describe in detail the employer's longer range retention plan for trying to keep the physician with the employer beyond the three (3)-year obligation.
- h) Statement that the facility and/or agency will comply with the J-1 visa monitoring activities. See Appendix E for a copy of the monitoring form. These reports are due in January and July of each year. These reports are required for each J-1 physician practicing under a waiver to ensure the J-1 physician continues to practice in a medically underserved area in Massachusetts for three (3) years. The employer is responsible for completing the bi-annual monitoring form and sending it to the Health Care Workforce Center by the due date. Failure to comply with reporting requirements may result in the DPH refusing to accept future J-1 visa waiver applications from that employer.

- i) Statement that the facility or agency will notify the Health Care Workforce Center in writing, at least two (2) weeks in advance, if the J-1 physician will no longer be employed full time at the facility during the three (3) year period.
- j) Dates and nature (physician specialty) of all previous use of J-1 visa waiver physicians and the placement site(s), in the previous three (3) Conrad 30/J-1 Visa Waiver Program years. Include retention information, such as if the physician completed the contractual obligation or not, if the physician resigned or remained in her/his position, or if the physician remained for longer than the minimum contracted agreement.

## **2. DATA SHEET DS-3035 AND CASE FILE NUMBER**

Submit a legible photocopy of the completed U.S. DOS Waiver Review Application Data Sheet DS-3035 and case file number as received from the U.S. DOS.

## **3. COPY OF FRONT AND BACK OF I-94 ENTRY AND DEPARTURE CARDS**

## **4. FORM G-28 (WHEN APPLICABLE)**

## **5. SIGNED EMPLOYMENT CONTRACT**

a) Include a completed, dated, employment contract signed by the physician and the executive director/CEO of the health care agency stipulating the following:

- Name and address of the health care site(s) and the geographic area(s) where the physician will practice.
- Physician agrees to practice medicine for a minimum of 40 hours per week providing clinical care only, for a minimum of three (3) years at the practice site(s). Clinical care can include paperwork and phone calls related to patient care.
- Physician agrees to begin employment within ninety (90) days of receiving a waiver and agrees to continue to work in accordance with federal and state visa waiver guidelines at the practice site(s).
- Physician's annual salary, showing that the physician is receiving a competitive salary.

The employment contract shall not include a non-competition clause or any other provision that limits the J-1 visa physician's ability to remain in the area upon completion of the three (3) year contract.

b) The employing agency and the practice site(s), if different from the employer, must submit a written statement that they will make every reasonable effort to enable the J-1 visa physician to practice in accordance with these policies.

## **6. SIGNED STATEMENT OF AGREEMENT**

The physician must submit a signed and dated letter stating that the physician:

- a) Agrees to "meet the requirements set forth in section 214 (1) of the Immigration and Nationality Act."
- b) Will begin employment at the facility within 90 days of receiving the waiver.
- c) Will work at the facility for at least three (3) years.

## **7. PHYSICIAN ATTESTATION SAMPLE**

I, \_\_\_\_\_, hereby declare and certify, under penalty of the provisions of 18 USC.1001, that: (1) I have sought or obtained the cooperation of the Massachusetts Department of Public Health which is submitting an IGA request on behalf of me under the Conrad 30/J-1 Visa Program to obtain a waiver of the two (2)-year home residency requirement; and (2) I do not now have pending, nor will I submit during the pendency of this request, another request to any U.S. government department or agency or any equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

## **8. COPIES OF ALL IAP-66 /DS-2019 FORMS**

## **9. CURRENT COPY OF THE PHYSICIAN'S CURRICULUM VITAE AND MASSACHUSETTS MEDICAL LICENSE**

Include a current copy of the physician's curriculum vitae and a copy of his/her Massachusetts medical license or the first page of the medical license application.

## **10. PHYSICIAN PERSONAL STATEMENT**

Signed and dated personal statement from physician regarding his/her reasons for not wishing to fulfill the two-year home country residency requirement.

#### **11. LETTER OF "NO OBJECTION" FROM HOME GOVERNMENT (when applicable)**

The J-1 visa physician should obtain a letter of "no objection" from his/her home country ONLY IF the J-1 physician had medical education or post-graduate training in the United States FUNDED BY the government of the graduate's home country. If a J-1 physician applicant requires a letter of "no objection," the U.S. Department of State requests the letter clearly state that it is pursuant to Public Law 103-416.

#### **12. EXPLANATION OF OUT-OF-STATUS (when applicable)**

#### **13. SIGNED AFFIDAVIT**

Appendix C: signed and witnessed affidavit stating the J-1 physician and the agency/facility accept public payers, offer a sliding-fee scale, and are not being investigated for fraud or under any professional sanctions.

#### **14. RECRUITMENT EFFORTS**

The facility or agency must have a history of significant recruitment difficulty or a specific special need for the position that the J-1 physician will be filling. Provide a short summary of the recruitment difficulty and how long the position has been vacant (# months or years, or since a certain date). This summary includes when recruitment activities began for the position, recruitment history and timeline, a list of placement agencies or other recruitment resources engaged to recruit for the position (e.g. list of where position postings have been made), how many inquiries or applications have been submitted, salary offered, and whether the position has been offered to any U.S. physicians. Do not include copies of advertisements in your application packet to the Health Care Workforce Center.

#### **15. LETTERS OF COMMUNITY SUPPORT**

To provide some evidence that the J-1 physician will have support and acceptance in the community, all applications must include at least three (3) support letters from non-applicant community-based local agencies or a referring provider from the community served. These letters must state that the J-1 placement is critical and will help alleviate health care access problems for the underserved population of the community.

#### **16. PHYSICIAN'S JOB DESCRIPTION – Provide a copy of the J-1 physician's job description.**

#### **17. DOCUMENTATION OF NONPROFIT OR PUBLIC AGENCY STATUS**

#### **Step 3: Application packet and support letter is sent to the U.S. Department of State.**

After a careful review and scoring of all application materials, the DPH will make a decision on supporting a physician for a J-1 waiver. For those applicants who are supported by the DPH, the entire application packet, including the support letter, will be sent by the DPH to the U.S. DOS. A copy of the support letter will also be sent to the J-1 physician, the employer, and the legal representative as appropriate.

Once the application is sent to U.S. DOS, the DPH will only be involved in responding to U.S. DOS questions regarding items in the application packet. Application processing at U.S. DOS generally takes 6-8 weeks. The DPH will have no additional information regarding the status of a candidate unless a specific issue or question arises from the U.S. DOS. Candidates can check their status at the U.S. DOS through the following website:

<https://j1visa waiver recommendation.state.gov/>

A support letter from the DPH is an essential step in the process, but does not ensure that a candidate will receive a waiver. The U.S. Citizenship and Immigration Services makes the final determination about all J-1 visa waiver applications.

Physicians must also obtain an H-1B visa in order to begin employment. The DPH plays no role in this part of the process.

## Appendix A: Instructions for Finding Out Practice Site Federal Designation Status

1. In most cases, to determine whether a practice site is in an underserved area it is important to have the Census Tract number (usually four digits, sometimes with two decimal points included e.g. 8011.02). Census tracts for a **specific address** can be found at: <http://www.ffiec.gov/geocode/default.aspx>.

Type in the address and press SEARCH and the resulting search should provide the census tract in the bottom right corner of the grid.

2. You can use the census tract to check designation status via the searchable databases for the HPSA and MUA/P designations:

HPSA database: <http://hpsafind.hrsa.gov/>

MUA/MUP database: <http://muafind.hrsa.gov/>

Searching by state and county in either database will be the most efficient. Statewide searches are large and sometimes difficult to peruse, but may also be helpful.

In the HPSA database be sure to use STATUS="designated".

The MUA/P database will first give you all designations for that county. Click on the MUAID# (five digits) to access the Census Tract information for each designated area.

If a town or city is on the Designation List without specific census tracts, it means that the whole municipality is designated.

### Other Information

For information about the Health and Human Services (HHS) waiver program refer to: <http://www.hhs.gov/about/agencies/oga/about-oga/what-we-do/index.html/exchange-visitor-program.html-0>

For current information and updates about the Massachusetts Visa Waiver program refer to: <http://www.mass.gov/dph/primarycare>

For information about Massachusetts community health centers (CHCs) and job postings at the CHCs refer to: [www.massleague.org](http://www.massleague.org)

For information about the Massachusetts hospitals refer to: [www.mhalink.org](http://www.mhalink.org)

For other questions contact Nicole Watson at: [nicole.watson@state.ma.us](mailto:nicole.watson@state.ma.us)



Conrad - 30/J1 Visa Waiver Application Sheet

**Appendix B:**

**Confidential Information**

This form must be completed and filled electronically.

Health Care Workforce Center-Conrad-30/J1 Visa Waiver Program  
Massachusetts Department of Public Health  
250 Washington St. Boston, 5<sup>th</sup> Floor, MA 02108-4619

Purpose of request: Check one: Conrad-30/J1 Visa Waiver Program ☐ National Interest Waiver ☐

Physician First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Physician Last Name: \_\_\_\_\_ Language: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Dept. of State Case (DOS) #: \_\_\_\_\_  
MM \_\_ DD \_\_ YYYY \_\_

Country of Birth: \_\_\_\_\_ Visa Waiver Expiration Date: \_\_\_\_\_

Physician Preferred Phone #: \_\_\_\_\_ Physician E-mail address: \_\_\_\_\_

Primary Care Practice Type: \_\_\_\_\_ Specialty Practice Type: \_\_\_\_\_ NPI number: \_\_\_\_\_  
(Do not include Hospitalists)

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email of Contact: \_\_\_\_\_

Practice Site Type: drop down list with check box and other If other type, please specify/describe \_\_\_\_\_

Urban ☐ Rural ☐ Non-profit ☐ For profit ☐

Practice Site 1 Name: \_\_\_\_\_ Medicaid Billing Number: \_\_\_\_\_

Practice Site 1 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Census Tract: \_\_\_\_\_ # of hours to be spent at this site: \_\_\_\_\_

HPSA #: \_\_\_\_\_ MUA or MUP # (if applicable): \_\_\_\_\_ FLEX \_\_\_\_\_

Practice Site 2 Name: \_\_\_\_\_ Medicaid Billing Number: \_\_\_\_\_

Practice Site 2 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Census Tract: \_\_\_\_\_ # of hours to be spent at this site: \_\_\_\_\_

HPSA #: \_\_\_\_\_ MUA or MUP # (if applicable): \_\_\_\_\_ FLEX \_\_\_\_\_

Please complete another form for any additional sites.

Lawyer Name (write N/A if none): \_\_\_\_\_ Lawyer Email: \_\_\_\_\_

Law Firm Name: \_\_\_\_\_

Law Firm Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

To fill out form, please double click above.

**Appendix C: Physician/Employer Status Affidavit**



**The Commonwealth of Massachusetts**

Executive Office of Health and Human Services

Department of Public Health

250 Washington Street, Boston, MA 02108-4619

**MASSACHUSETTS Conrad 30/ J-1 VISA WAIVER PROGRAM**

The Massachusetts Health Care Workforce Center will not support any applicant or sponsor of an applicant for a J-1 Visa Waiver who does not accept MassHealth or does not comply with the regulations governing MassHealth; does not accept Medicare; or does not accept patients participating in Commonwealth Care programs, does not provide care regardless of the patient's ability to pay a fee and does not have a sliding fee scale. The same holds for an applicant or sponsor who has ever experienced any negative, legal and/or professional restrictions with medical licensing, DEA registration, fraud, or professional sanction including (see A-D, below): currently in the process of being challenged, relinquished, withdrawn, investigated, denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or voluntarily or involuntarily relinquished:

- A) Medical License in any state
- B) DEA Registration injunction
- C) Medicaid, Medicare Fraud
- D) Any other type of professional sanction.

I hereby acknowledge that all information and statements contained herein are to the best of my knowledge true and that there are no sanctions or charges pending per the above paragraph. I hereby agree to abide by all program policies and rules as described herein including the health care service requirements and the site requirements. I agree to notify the Massachusetts Department of Public Health (DPH) of any changes in the proposed practice area or site identified in the application with the DPH. Deviation from this agreement may result in notification by the DPH to the U.S. DOS and other penalties as described in these materials.

\_\_\_\_\_  
Print Applicant Agency Representative Name

\_\_\_\_\_  
Signature of Applicant Agency Representative

\_\_\_\_\_  
Printed J-1 Physician Name

\_\_\_\_\_  
Signature of J-1 Physician

Subscribed and Sworn before me on this \_\_\_\_\_ Day \_\_\_\_\_ Year

\_\_\_\_\_  
Notary Public

#### **Appendix D: Checklist of Application Materials Required for Massachusetts Review**

The following application documents must be included, and packaged in the order noted below. The U.S. DOS case file number must appear on every page of the application. Do not include any other documents that are not required by the DPH.

- \_\_\_\_\_ Appendix B: Applicant Information Sheet
- \_\_\_\_\_ Agency request letter, including facility description with a current copy of the sliding fee scale and policy, practice site patient payer mix and long-range retention plan for the physician
- \_\_\_\_\_ Copy of J-1 Physician's job description
- \_\_\_\_\_ Copy of Data Sheet (DS-3035)
- \_\_\_\_\_ Copy of I-94 Entry and Departure Cards
- \_\_\_\_\_ Form G-28 (Attorney's form)
- \_\_\_\_\_ Copy of signed employment contract
- \_\_\_\_\_ Signed Statement of Agreement
- \_\_\_\_\_ J-1 Physician Attestation
- \_\_\_\_\_ Copies of all IAP-66/DS-2019
- \_\_\_\_\_ Curriculum Vitae of J-1 physician and a copy of the Massachusetts license to practice, or a copy of the first page of the Massachusetts license application
- \_\_\_\_\_ Signed and dated Personal Statement from J-1 Physician regarding his/her reasons for not wishing to fulfill the two-year home country residence requirement
- \_\_\_\_\_ Letter of No Objection from Home Government if applicable
- \_\_\_\_\_ An Explanation for Out of Status (when applicable)
- \_\_\_\_\_ J-1 Physician/Employer Status Affidavit (Appendix C)
- \_\_\_\_\_ Recruitment Efforts
- \_\_\_\_\_ Three (3) community support letters
- \_\_\_\_\_ One original and one copy of the complete application packet

If you have additional questions contact:

Nicole Watson, Recruitment and Retention Program Coordinator  
Phone: 617-624-6051  
Email: [nicole.waston@state.ma.us](mailto:nicole.waston@state.ma.us)

**Appendix E Conrad-30/J-1 Visa Waiver Monitoring Form: Physician, Employer, & Practice Site**

The monitoring form is used to report on current employment, practice site and contact information about the J-1 visa waiver physician and is due bi-annually (January and July) for the prior 6-months. The completed form must be submitted until the physician's three (3) year commitment is complete. Failure to submit biannually will result in the physician and employer being in noncompliance with program policies.

Complete this form electronically, print and sign, and send as a pdf file to [nicole.watson@state.ma.us](mailto:nicole.watson@state.ma.us)

As a reminder, any changes in location, dates, or time spent in practice that impact the 3-year contracted commitment, must be reported immediately by the employer, to the Health Care Workforce Center (N. Watson).

Report date: MM \_\_\_\_ YYYY \_\_\_\_

**PHYSICIAN**

First Name: \_\_\_\_\_ M I \_\_\_\_\_ Last Name: \_\_\_\_\_

Primary Care Practice Type: \_\_\_\_\_ Specialty Practice Type \_\_\_\_\_  
(Do not include Hospitalist)

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician contact E-mail: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Practice Site 1 Name \_\_\_\_\_ # of hours/week \_\_\_\_\_

Practice Site 1 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Practice Site 2 Name \_\_\_\_\_ # of hours/week \_\_\_\_\_

Practice Site 2 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Visa Waiver Commitment Start Date: \_\_\_\_\_ Visa Waiver Commitment End Date \_\_\_\_\_  
(MM\_DD\_YYYY) (MM\_DD\_YYYY)

I, the above named physician, provide health care services at the above stated address(es) for a minimum of 40 hours/week in accordance with Federal and State Visa Waiver guidelines, and comply with all my contractual obligations.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM\_DD\_YYYY)

**EMPLOYER**

I hereby certify that Dr \_\_\_\_\_ is employed in accordance with our Visa  
(First & Last Name)  
Waiver requirements, providing at least 40 hours/week of health care services, at the above site(s).

Employer Agency Name \_\_\_\_\_

Representative First and Last Name: \_\_\_\_\_

Representative Title \_\_\_\_\_

Representative Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM\_DD\_YYYY)

**Department / Health Care Workforce Center use only**

Date Received at HCWC: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Massachusetts Health Care Workforce Center, Department of Public Health

updated June 2017

To fill out form, please double click above.